Certification of Accessibility

	handicap standards of accessibility for the	onowing project.	
Project Name:			
Grantee:			
Grant Number:			
Project Classification (Check app	plicable box.)		
Project is Exempt:			
Project has been designed in conscodes:	istency with the current interpretation of th	e federal, state and local laws, regulations an	d
Type of CDBG Project (Check appl	icable box.)		
Sewer Facilities	Water Facilities	Drainage Facilities	
Planning Activity	Public Facilities	Other	
Has obtained special communication	ion systems if needed (TTY, Braille).		
Tias obtained special communicati	ion systems if needed (111, Braine).		
Policies and procedures are nondi	scriminatory.		
<u>-</u>	s for persons with known handicaps.		
Made reasonable accommodation	-	ck all that apply.)	
Made reasonable accommodation	s for persons with known handicaps.	ck all that apply.)	
Made reasonable accommodation To be completed by Grantee/Subre	ecipient with more than 15 employees: (Chetor.	ck all that apply.)	
Made reasonable accommodation To be completed by Grantee/Subre Designated Section 504 Coordinate	s for persons with known handicaps. ccipient with more than 15 employees: (Chettor. imination policies.	ck all that apply.)	
Made reasonable accommodation To be completed by Grantee/Subre Designated Section 504 Coordinat Notified participants of non-discrete	s for persons with known handicaps. ccipient with more than 15 employees: (Chettor. imination policies.	ck all that apply.)	
Made reasonable accommodation To be completed by Grantee/Subre Designated Section 504 Coordinat Notified participants of non-discrete Conducted self evaluation of complete to the complete of the conducted self evaluation of complete to the complete of	s for persons with known handicaps. ccipient with more than 15 employees: (Chettor. imination policies.	ck all that apply.)	
Made reasonable accommodation To be completed by Grantee/Subre Designated Section 504 Coordinat Notified participants of non-discrit Conducted self evaluation of com Other, describe:	s for persons with known handicaps. cipient with more than 15 employees: (Chettor. imination policies. apliance.	ck all that apply.)	
Made reasonable accommodation To be completed by Grantee/Subre Designated Section 504 Coordinat Notified participants of non-discrit Conducted self evaluation of com Other, describe:	s for persons with known handicaps. cipient with more than 15 employees: (Chettor. imination policies. apliance.	ck all that apply.)	
Made reasonable accommodation To be completed by Grantee/Subre Designated Section 504 Coordinat Notified participants of non-discrit Conducted self evaluation of com Other, describe: Signatures Signatures	s for persons with known handicaps. cipient with more than 15 employees: (Chettor. imination policies. apliance.	ck all that apply.)	